

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29012**

MED AUG 23 1952

BIRTH NO.		REG. DIST. NO. <b>279</b>	PRIMARY REG. DIST. NO. <b>4415</b>	Registrar's No. <b>15</b>
1. PLACE OF DEATH a. COUNTY <b>Cape</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Cape</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clarksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clarksville</b> <b>0820</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>W R A S E</b> b. (Middle) c. (Last) <b>Thomas</b>		4. DATE OF DEATH <b>Aug 17 1952</b> Month (Day) (Year)		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 16 1894</b>	
9. AGE (in years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>House wife</b>		11. BIRTHPLACE (State or foreign country) <b>Ohio</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Benj Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Ida M. Withrow</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, overseas) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>0</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Thomas, Clarksville, Mo</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute coronary occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>8-17</b> , 1952, to <b>8-17</b> , 1952, that I last saw the deceased alive on <b>8-17</b> , 1952, and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>John W. Hooker, MD</b>		23b. ADDRESS <b>Clarksville, Mo.</b>		23c. DATE SIGNED <b>8-18-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Aug 19 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>
24d. LOCATION (City, town, or county)		24e. LOCATION (City, town, or county)		(State) <b>Mo</b>
DATE REC'D BY LOCAL REG. <b>8-21-52</b>		REGISTRAR'S SIGNATURE <b>Euda Richard</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Carrow</b>
				ADDRESS <b>Clarksville, Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

820  
7

OCT 28 1956

SEP 19 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Harry J. Carroll

Licensed Embalmer No. 2439

P. O. Address Clarksville 7059

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.